

# STORM DRAIN MARKING PROJECT CONTACT INFORMATION

Name of your organization (Sponsor) \_\_\_\_\_

Organization address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Project Coordinator \_\_\_\_\_

(Please print)

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Proposed Project Area \_\_\_\_\_

\_\_\_\_\_

Project Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Project Coordinator

## For County Use Only

Approved Project Area: \_\_\_\_\_

\_\_\_\_\_

Project Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Approved By: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Don't forget to fill out and attach the contact information form with your cover letter**